

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09 896264

FILING DATE

APPLICANT

9/12/5 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2						1
3						1
4						1
5						1
6						1
7						1
8						1
9					2	
10					2	
11						1
12						1
13						1
14						1
15						1
16						1
17						1
18						1
19						1
20						1
21						1
22						1
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49						
50						
TOTAL IND.		↓		↓	1	↓
TOTAL DEP.		←		←	30	←
TOTAL CLAIMS					31	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						